**An assessment for potential adverse drug events within the female Veteran Affairs patient population**

**Purpose:** To determine if there is inappropriate prescribing among female veterans that could increase the potential for an adverse medication event and identify interventions that could be performed by pharmacy services to decrease this risk.

**Methods:** A retrospective chart review of a random selection of 100 patients who utilized the Veteran Affairs Medical Center (VAMC) women's clinic from January 2006 to December 2006 was analyzed. The following information was obtained for each patient; age, number of active prescriptions, number of therapeutic classes represented among the patient's prescriptions, identification of therapeutic classes represented and identification of therapeutic duplications present. The risk of an adverse event was judged based upon the following: 10 or more prescriptions, medications from greater than three therapeutic classes, medication from a high risk therapeutic class, and therapeutic duplications present. One point was assigned to each positive response making the highest number of recommendations per patient four. A one sample t-test was used to compare the average recommendation per patient to a population value taken from literature (1.87) and potential cost savings was set at $19 per recommendation.

**Results:** A total of 120 charts were reviewed, 20 were excluded due to lack of active prescriptions in the patient's profile. The average number of recommendations per patient was found to be 1.83 ($\pm$ 1.25) and when this was compared to the population value there was not a significant difference between the values (95% CI, -0.289 to 0.209 p=0.751). Therefore if the average of two recommendations per patient is applied to this 100 patient subset, there is a potential cost savings of $3,800.

**Conclusion:** There are pharmacy specific recommendations that could be made within the VAMC services utilized by women veterans. Implementation of pharmacy services could improve patient care and provide cost savings for VAMCs.